

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)  
NOV 08 2013

ENTERED  
Permit #: 13-0400  
Date: 10-8-13  
Amount Paid: \$1400 11-8-13  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

|  |              |   |           |  |             |  |   |   |   |
|--|--------------|---|-----------|--|-------------|--|---|---|---|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |              |   |           |  |             |  |   |   |   |
| Owner's Name: James Pedersen   |              |   |           |  |             |  |   |   |   |
| Address of Property: 2500 Crescent Ridge Rd  |              |   |           |  |             |  |   |   |   |
| City/State/Zip: Minnetonka, MN 55343   |              |   |           |  |             |  |   |   |   |
| Telephone: 612-616-6557  |              |   |           |  |             |  |   |   |   |
| Cell Phone:  |              |   |           |  |             |  |   |   |   |
| Contractor: Scot Butwell   |              |   |           |  |             |  |   |   |   |
| Country: Wisconsin   |              |   |           |  |             |  |   |   |   |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-320-6285   |              |   |           |  |             |  |   |   |   |
| Plumber: Buch Plumbing   |              |   |           |  |             |  |   |   |   |
| Agent Mailing Address (include City/State/Zip): N7921 Old Dump Rd Washburn WI 54888  |              |   |           |  |             |  |   |   |   |
| Plumber Phone: 715-416-1642  |              |   |           |  |             |  |   |   |   |
| Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |              |   |           |  |             |  |   |   |   |
| PROJECT LOCATION: 1/4, 1/4   | Gov't Lot: 7 | Lot(s): 1   | CSM: 1082 | Vol & Page: 725                            | Lot(s) No.: | Block(s) No.:                              | Recorded Document (i.e. Property Ownership) Volume: 910 | Page(s): 288  |   |
| Legal Description: (Use Tax Statement)   |              | PIN: (23 digits) 04-021-2-44-06-32-105-007-05000  |           | Subdivision:                               |             | Volume: 910                                |   | Page(s): 288  |   |
| Section 32, Township 44 N, Range 06 W  |              | Town of: Grandview  |           | Lot Size:                                  |             | Acreage: 1.15                              |   |   |   |
| <input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland   |              | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage |           | Distance Structure is from Shoreline: feet |             | Distance Structure is from Shoreline: feet |   | Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Value at Time of Completion<br>* include donated time & material | Project<br>(What are you applying for)  | # of Stories and/or basement  | Use   | # of bedrooms   | What Type of Sewer/Sanitary System Is on the property?  | Water   |
|--|---|---|---|---|---|---|
| \$ 380,000   | <input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing bldg)<br><input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story<br><input checked="" type="checkbox"/> 1-Story + Loft<br><input checked="" type="checkbox"/> 2-Story<br><input checked="" type="checkbox"/> Basement<br><input type="checkbox"/> No Basement<br><input type="checkbox"/> Foundation | <input checked="" type="checkbox"/> Seasonal<br><input type="checkbox"/> Year Round | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City<br><input checked="" type="checkbox"/> (New) Sanitary<br><input type="checkbox"/> Sanitary (Exists)<br><input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> None | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well |

|   |             |            |                    |
|---|-------------|------------|--------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 76' | Width: 42' | Height: 34' from   |
| Proposed Construction:  |             |            | Bottom of Basement |

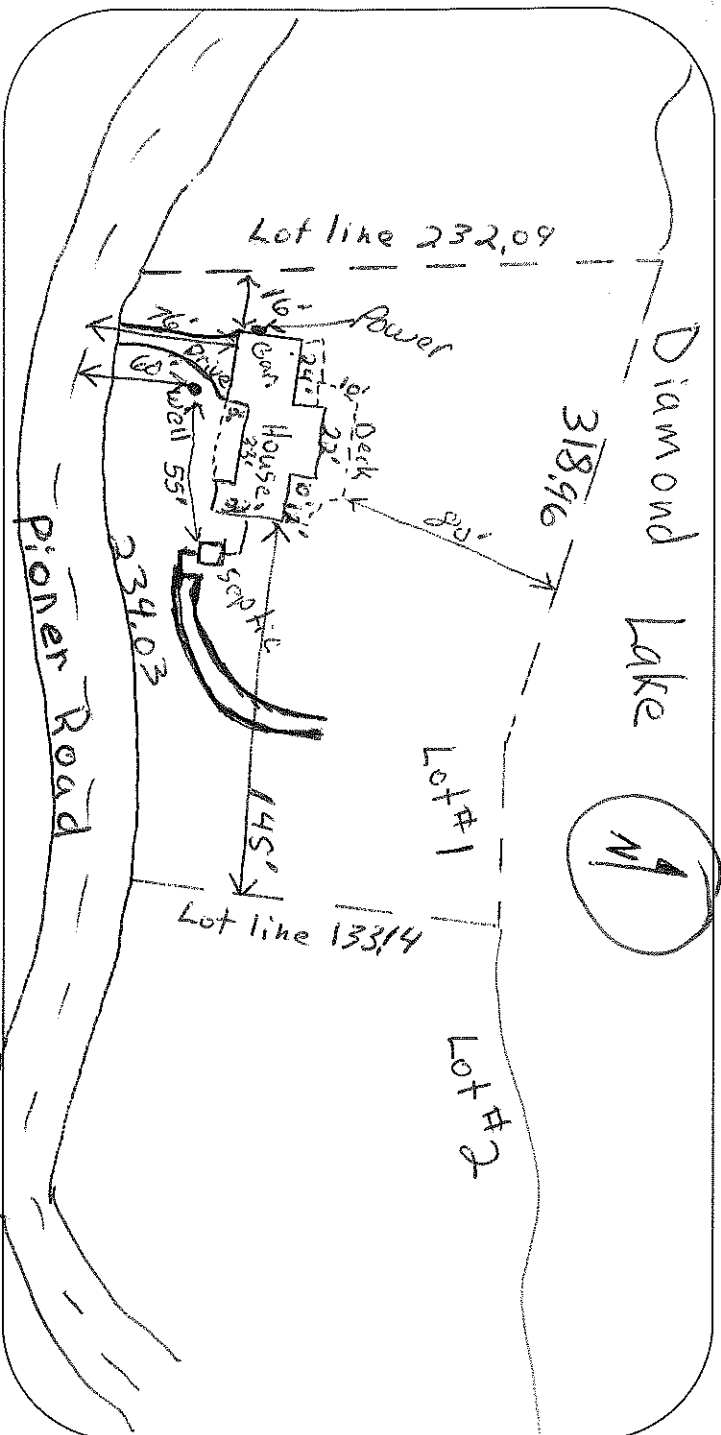
| Proposed Use  | Proposed Structure   | Dimensions   | Square Footage                   |
|---|--|--|----------------------------------|
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property)<br><input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)<br><input type="checkbox"/> with Loft<br><input type="checkbox"/> with a Porch<br><input type="checkbox"/> with (2nd) Porch<br><input type="checkbox"/> with a Deck<br><input type="checkbox"/> with (2nd) Deck<br><input type="checkbox"/> with Attached Garage | (46 x 32)<br>(16 x 46)<br>(8 x 24)<br>( )<br>( )<br>( )<br>(24 x 24) | 1420<br>736<br>192<br>823<br>576 |
| <input type="checkbox"/> Commercial Use             | <input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities<br><input type="checkbox"/> Mobile Home (manufactured date)  | ( )<br>( )   | ( )<br>( )                       |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/> Addition/Alteration (specify)<br><input type="checkbox"/> Accessory Building (specify)<br><input type="checkbox"/> Accessory Building Addition/Alteration (specify)   | ( )<br>( )<br>( )  | ( )<br>( )<br>( )                |
| Rec'd for Issuance                                  | Special Use: (explain)   | ( )  | ( )                              |
| DEC 02 2013   | Conditional Use: (explain)   | ( )  | ( )                              |
|   | Other: (explain)   | ( )  | ( )                              |

Secretarial Staff  
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Scot H. Butwell  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: N7921 Old Dump Rd. Trego WI 54888  
Date: 11-6-13  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement       |
|---|-------------|--|-------------------|
| Setback from the Centerline of Platted Road | 76' Feet    | Setback from the Lake (ordinary high-water mark) | 80' Feet          |
| Setback from the Established Right-of-Way   | 43' Feet    | Setback from the River, Stream, Creek            | NA Feet           |
|   |             | Setback from the Bank or Bluff                   | NA Feet           |
| Setback from the North Lot Line             | 80' Feet    | Setback from Wetland                             | NA Feet           |
| Setback from the South Lot Line             | 43' Feet    | Setback from 20% Slope Area                      | NA Feet           |
| Setback from the West Lot Line              | 16' Feet    | Elevation of Floodplain                          | NA Feet           |
| Setback from the East Lot Line              | 145' Feet   |  |                   |
| Setback to Septic Tank or Holding Tank      | 10' Feet    | Setback to Well                                  | 15' (Future) Feet |
| Setback to Drain Field                      | 15' Feet    |  |                   |
| Setback to Privy (Portable, Composting)     | NA Feet     |  |                   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |  |  |   |  |
|--|--|--|---|--|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number: <u>131495</u>   | # of bedrooms: <u>3</u>   | Sanitary Date: <u>12-2-13</u>  |
| Permit Denied (Date):  | Reason for Denial:   |  |   |  |
| Permit #: <u>130480</u>  | Permit Date: <u>12-2-13</u>  |  |   |  |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Is Parcel in Common Ownership  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Mitigation Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Previously Granted by Variance (B.O.A.)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |  |
| Was Parcel Legally Created   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Were Property Lines Represented by Owner   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |  |
| Was Proposed Building Site Delineated  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Was Property Surveyed  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |  |
| Inspection Record: <u>Well Staked. No actual setbacks.</u>   | Date of Inspection: <u>11-12-13</u>                                    | Inspected by: <u>M. Tuttle</u>   | Zoning District: <u>(R-1)</u>   | Date of Re-Inspection:   |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) |  | A Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction |   |  |
| Signature of Inspector: <u>Michael Tuttle</u>  | Date of Approval: <u>11-13-13</u>                                      |  | Authorization: <u>Authorization</u>                                     |  |
| Hold For Sanitary: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Hold For TBA: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hold For Affidavit: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Hold For Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd (Received)  
DEC 07 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-0403  
Date: 12-5-13  
ENTERED Paid: \$1800  
Refund: 10-7-13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
HOW DO I FILE OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Todd and Sarah Stiland  
Address of Property: 11080 Bayfield Ave N Stillwater Ma 55082  
City/State/Zip: Cable WI 54821

Contractor: Scott BIRD  
Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Agent Phone: 715-492-4184 Andy Kasmussen  
Agent Mailing Address (include City/State/Zip): 715-492-4184 19720 Pioneer Rd Cable WI 54821  
Plumber: 715-798-3335  
Plumber Phone: 715-798-3335  
Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 6 Lot(s) 2 CSM 803 Vol & Page 5 256 Lot(s) No. Block(s) No. Subdivision: Volume 110 Page(s) 256

Section 29, Township 44 N, Range 6 W Grand View

☒ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →  
☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →

Distance Structure is from Shoreline: feet  
Distance Structure is from Shoreline: 75 feet  
Is Property in Floodplain Zone? ☒ Yes ☐ No  
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion \* include donated time & material \$400,000

| Project (What are you applying for)                  | # of Stories and/or basement                | Use  | # of bedrooms                         | What Type of Sewer/Sanitary System is on the property?                                    | Water                                    |
|--|---|--|---------------------------------------|---|--|
| <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story            | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
| <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2            | <input checked="" type="checkbox"/> (New) Sanitary  | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion                  | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/>                       | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type:                                  | <input type="checkbox"/>                 |
| <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           | <input type="checkbox"/>                       | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/>                 |
| <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement        | <input type="checkbox"/>                       | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/>                 |
| <input type="checkbox"/>                             | <input type="checkbox"/> Foundation         | <input type="checkbox"/>                       | <input type="checkbox"/>              | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/>                 |
| <input type="checkbox"/>                             | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>              | <input type="checkbox"/> None   | <input type="checkbox"/>                 |

Existing Structure: (if permit being applied for is relevant to it) Length: 75' Width: 45' Height: 32'

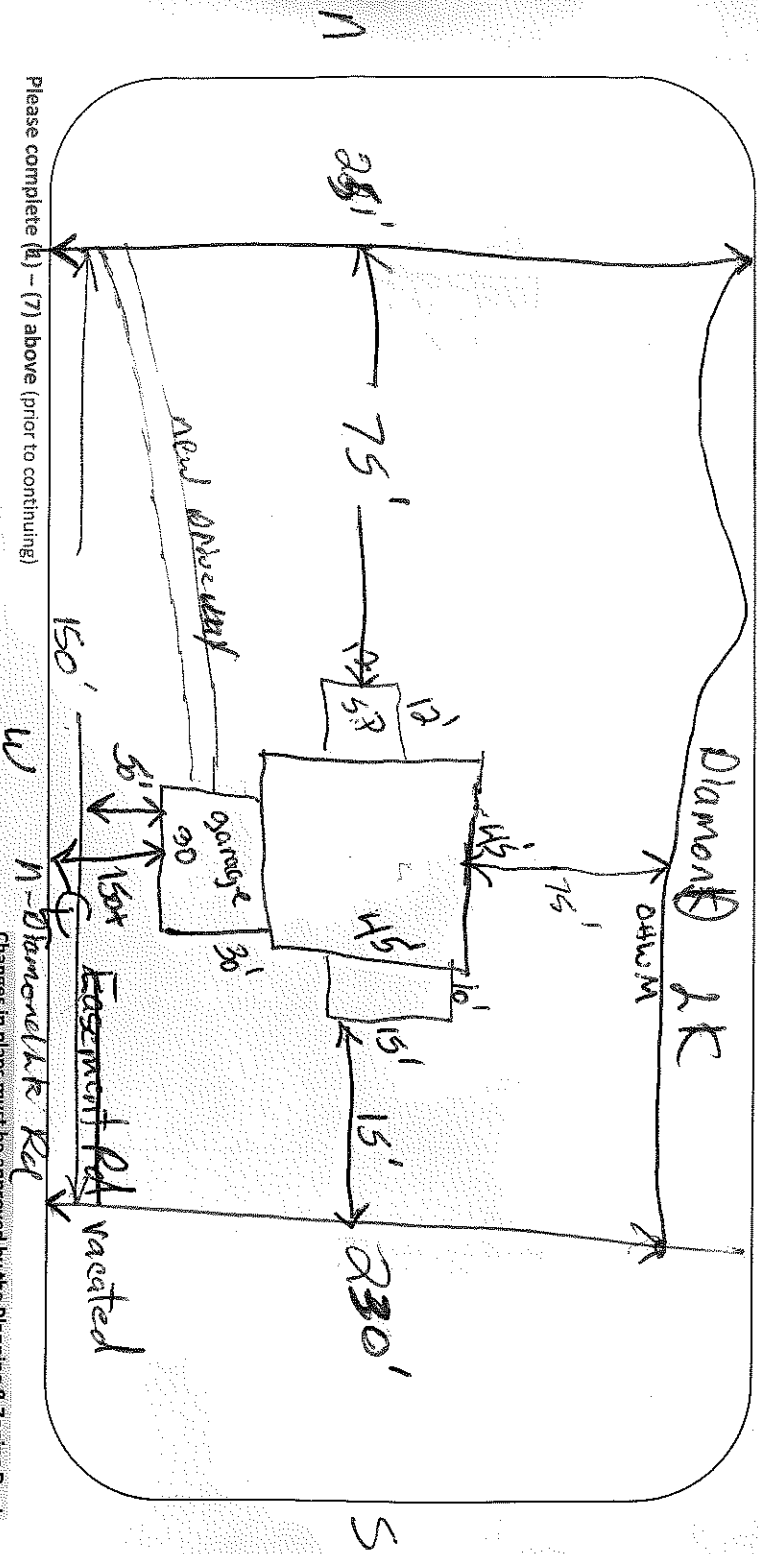
Proposed Construction:

| Proposed Use  | Proposed Structure  | Dimensions | Square Footage |
|---|---|------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property)   | 43' x 45'  | 21025          |
|   | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)  | ( ) x ( )  | ( )            |
|   | with Loft   | ( ) x ( )  | ( )            |
|   | with a Porch  | 12' x 12'  | 144            |
|   | with (2 <sup>nd</sup> ) Porch   | ( ) x ( )  | ( )            |
|   | with a Deck   | 10' x 13'  | 150            |
|   | with (2 <sup>nd</sup> ) Deck  | 30' x 30'  | 900            |
| <input type="checkbox"/> Commercial Use             | with Attached Garage  | ( ) x ( )  | ( )            |
|   | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | ( ) x ( )  | ( )            |
|   | Mobile Home (manufactured date)   | ( ) x ( )  | ( )            |
|   | Addition/Alteration (specify)   | ( ) x ( )  | ( )            |
|   | Accessory Building (specify)  | ( ) x ( )  | ( )            |
|   | Accessory Building Addition/Alteration (specify)  | ( ) x ( )  | ( )            |
| <input type="checkbox"/> Municipal Use              |   | ( ) x ( )  | ( )            |
| Rec'd for Issuance                                  | Special Use: (explain)  | ( ) x ( )  | ( )            |
| DEC 04 2013   | Conditional Use: (explain)  | ( ) x ( )  | ( )            |
|   | Other: (explain)  | ( ) x ( )  | ( )            |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Scott BIRD  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 19720 Pioneer Rd Cable WI 54821  
Date 9-30-13  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

|                           | Proposed Construction  |
|---------------------------|--|
| (1) Show location of:     | North (N) on Plot Plan   |
| (2) Show / Indicate:      | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (3) Show location of (*): | All Existing Structures on your Property   |
| (4) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show:                 | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (6) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |
| (7) Show any (*):         |  |



(8) **Setbacks:** (measured to the closest ft)

Changes in plans must be ap

**Changes in plans must be approved by the Planning & Zoning Dept.**

(8) **Setbacks:** (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | 150 ft      | Setback from the Lake (ordinary high-water mark) | 75          |
| Setback from the Established Right-of-Way   | 150 ft      | Setback from the River, Stream, Creek            | N/A         |
| Setback from the North Lot Line             | 75          | Setback from the Bank or Bluff                   | N/A         |
| Setback from the South Lot Line             | 15          | Setback from Wetland                             | 5           |
| Setback from the West Lot Line              | 50          | Setback from 20% Slope Area                      | N/A         |
| Setback from the East Lot Line              | 75          | Elevation of Floodplain                          | 1343.4      |
| Setback to Septic Tank or Holding Tank      | 10          | Setback to Well                                  | 10          |
| Setback to Drain Field                      | 80          |  |             |
| Setback to Privy (Portable, Composting)     | N/A         |  |             |

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| Issuance Information (County Use Only)  |  | Sanitary Number:  | # of bedrooms:  | Sanitary Date:   |
|---|--|---|---|--|
| Permit Denied (Date):   |  | Reason for Denial:  | 4   | 12-4-13  |
| Permit #: 13-0422   |  | Permit Date: 12-5-13  |   |  |
| Is Parcel a Sub-Standard lot<br>Is Parcel in Common Ownership<br>Is Structure Non-Conforming  |  | <input type="checkbox"/> Yes (Deed of Record)<br><input checked="" type="checkbox"/> Yes (Fused/Contiguous lots))<br><input type="checkbox"/> Yes | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Affidavit Required<br>Affidavit Attached<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Previously Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    |   |  |
| Was Parcel legally Created<br>Was Proposed Building Site Delineated   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        | Were Property Lines Represented by Owner<br>Was Property Surveyed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Inspection Record:<br>Well staked. Meter all set back.  |  | Zoning District (R-1)<br>Lakes Classification (1)   |   |  |
| Date of Inspection: 10-7-13   |  | Inspected by: M. Furbush  |   | Date of Re-Inspection:   |
| Condition(s): Town, Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) |  |   |   |  |
| Must as best management practices to prevent violation of wetland.  |  |   |   |  |
| Signature of Inspector: Michael Furbush   |  | Date of Approval: 10-9-13   |   |  |
| Hold For Sanitary: <input checked="" type="checkbox"/> _____  |  | Hold For TBA: <input type="checkbox"/> _____  |   | Hold For Fees: <input type="checkbox"/> _____  |